

Vaginal bleeding in granuloma inguinale

Case reports

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SUMMARY Since bleeding from the female genitourinary tract is not a common symptom in granuloma inguinale two patients presenting with profuse and intermittent vaginal bleeding were initially admitted as gynaecological or obstetric emergencies. In both cases, the cause was ultimately found to be granuloma inguinale.

Introduction

Granuloma inguinale is a disease known for its extreme chronicity; it does not heal spontaneously and is caused by a fastidious organism *Calymmatobacterium granulomatis*. It is particularly prevalent along the Coromandal coast of the Indian peninsula and occurs almost equally frequently in men and women.

The condition usually presents either with an ulcer or exuberant granulomatous masses or with destruction of the external genitalia due to scarring, commonly in the genitoinguinal, perineal, and occasionally perianal regions. These lesions may be associated with pseudoelephantoid changes of the genitals, especially in women. As far as we know, bleeding from the female genitourinary tract has not been recorded previously as an important symptom of granuloma inguinale.¹⁻⁴

We describe two patients who were referred to the department of sexually transmitted diseases, Government Rajaji Hospital, Madurai, from the department of obstetrics and gynaecology because of profuse vaginal bleeding and a friable "growth" in the vagina.

Case report (1)

A 33-year-old woman had been married for 19 years and had had five full-term normal pregnancies; all the children were alive and healthy. She complained of a white vaginal discharge, profuse and prolonged menstrual periods for two months, and intermenstrual bleeding. She denied extramarital sexual contact.

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CLINICAL FEATURES

The external genitalia and the urethral meatus were normal. The inguinal lymph nodes were just palpable. Speculum examination showed an ulcerative growth affecting the cervix and the anterior, posterior, and lateral walls of the vagina. The ulcer was covered with yellowish-white necrotic material. Moderate bleeding from the ulcers was present. Rectal examination showed a prolapsed pile mass and external piles. There was induration of the posterior vaginal wall and the parametrium was free; the size of the uterus could not be determined.

LABORATORY FINDINGS

Serological tests for syphilis on sera from the patient and her husband gave negative results. Other routine investigations showed no abnormalities. Donovan bodies were found in mononuclear cells in tissue smears taken from the margin of the ulcer.

TREATMENT AND FOLLOW UP

Treatment was started with streptomycin 1 g intramuscularly twice daily. The patient developed giddiness, tingling sensations, and numbness all over the body after the first injection; she refused to have any further injections. Tetracycline 2 g daily in divided doses was given for 20 days (up to a total of 40 g). Her bleeding stopped almost completely.

Speculum examination at the time of discharge showed regression of the ulcer with slight oozing of blood. One month later the ulcers were almost healed and there was no vaginal bleeding. Two months later the patient wrote to us to say that she was well and that her menstrual periods were regular. One year after treatment she was known to be well.

Case report (2)

A 19-year-old woman had been married for 15 months and had had amenorrhoea for seven months;

this was her first pregnancy. After an episode of sudden vaginal bleeding, which was diagnosed as an antepartum haemorrhage by a general practitioner, she was referred to the department of obstetrics and then to this department as she had an intravaginal granulomatous ulcer.

She denied any extramarital contact and had no pain or bleeding during coitus.

CLINICAL FEATURES

On examination the uterus was 24 weeks in size, the inguinal lymph nodes were just palpable, and the external genitalia and the urethral orifice were normal. Speculum examination showed a pink granulomatous cauliflower-like growth on the anterior vaginal wall and close to the anterior lip of the cervix; the posterior lip was healthy. The growth bled profusely when touched.

LABORATORY FINDINGS

Serological tests for syphilis gave negative results on sera from the patient and her husband. Mature capsulated forms of Donovan bodies were found in tissue smears taken from the margin of the ulcer. Histopathological examination showed a granulomatous lesion with no evidence of malignancy.

TREATMENT AND FOLLOW UP

Streptomycin 1 g was given twice daily for 10 days (up to a total of 20 g). No Donovan bodies were detected on smear examination at the end of the 10-day course. The patient was discharged and

reviewed after 15 days, when the bleeding had stopped completely, the growth had regressed considerably, and the ulcers were healing well. A month later the ulcers had almost completely healed and there was no bleeding.

Discussion

In both cases of Donovanosis the striking feature of vaginal bleeding was unusual. It may be mistaken for dysfunctional uterine bleeding because of the age of the patient and type of bleeding. Cervical cancer may present as postcoital and postmenopausal bleeding in older women or as antepartum haemorrhage in pregnant women. A bleeding diathesis can also become manifest as vaginal bleeding. In our patients there was no clinical or laboratory evidence for these conditions. The diagnosis of granuloma inguinale was established beyond doubt by the detection of the causative organism in tissue smears and, in the second patient, was confirmed by biopsy. The response to treatment in both patients was additional proof of the aetiology.

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